TELEVISION AND MEDICAL EDUCATION

The television camera focused on a 16-year-old girl lying in a hospital bed. The tumor located on her abdominal wall had been removed two weeks earlier but had reappeared.

"Linda, when did you first notice that the tumor had grown back? Did you feel any pain?" The doctor spoke into a microphone as he sat at her bedside.

The young girl answered each question while the camera moved in to show a close-up of the abdominal area where the tumor lay. The camera followed the hand of the doctor as he examined the tumor to determine its shape.

Days later Linda was given pre-operative radiation therapy. The television camera recorded the procedure. When she was wheeled into the operating room for surgical removal of the tumor, the eye of the camera followed each step of the operation. With the tumor excised, the camera closed in for a cross-sectional view of the composition of the tumor.

A carefully staged scene from Dr. Kildare? No! A videotape presentation, taped at the New England Deaconess Hospital and shown to an audience of doctors.

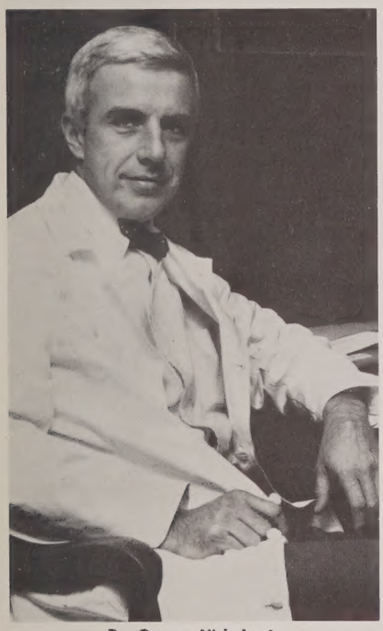
(*Continued on page 2*)

New England Deaconess Hospital
Boston, Massachusetts

pulse

VOLUME 23 — NUMBER 1 OCTOBER 1969

Dr. George Nichols, Jr. To Head Cancer Research Institute



Dr. George Nichols, Jr.

Dr. George Nichols, Jr., Clinical Professor of Medicine at Harvard Medical School has been appointed Science Director of the Cancer Research Institute at the Deaconess Hospital, replacing Dr. Hermann Lisco, who has served as Acting Director since the retirement of Dr. Shields Warren, January 1, 1969.

Dr. Nichols graduated from Columbia University, College of Physicians and Surgeons in 1945, and served his internship in medicine at Columbia Presbyterian Hospital in New York. He completed his residency at the Peter Bent Brigham Hospital in Boston.

His long association with the Harvard Medical School began in 1948 when he joined the staff as a Teaching Fellow. He worked in the area of body electrolytes under Dr. J. L. Gamble at Children's Hospital from 1950-1952 as a Research Fellow in Pediatrics. While on leave of absence from 1952-1953 he was an instructor in the Department of Medicine. For the next six years, he served as an Associate in Medicine. He was Director of Health and Medical Care Program for Students in the Medical Area from 1953-1955, and the following year he served as Consultant to the University Health Services. In 1955 he began an affiliation with the Department of Biological Chemistry. In 1959 he was appointed Secretary

(*Continued on page 4*)

Mr. Campisano New Administrative Assistant To Director

Mr. Peter Campisano, Service Coordination Manager, has been appointed Administrative Assistant to the Director and will assume responsibility for administrative projects as well as administrative responsibility for the Department of Service Coordination.

As Service Coordination Manager since 1967, Mr. Campisano has worked with nursing service and administration to establish a Unit Management Program at the Deaconess. Tom Porter, recently named Assistant Department Head in the Service Coordination Department, will take over the operational control of the department.

Mr. Campisano received his Masters Degree in Business Administration from Babson College of Business in September. He was awarded a Bachelor of Science Degree from Boston University in 1965. An Intelligence Officer in the U.S. Army Reserves, he lives in Weston with his wife, Sandra, son James and daughter, Lori.

A Message from Mr. R. D. Lowry, Executive Vice President

. . . . . Of Hospital Costs and Alcoholic Beverages

Some statistics are dull, but some are most interesting. Six percent of our gross national product is spent on medical care. Here is how we spent the medical care dollar last year:

30¢ for medical care services (hospitals)
30¢ for physicians
10¢ for dentists
16¢ for drugs
14¢ for other health costs

Good health is our most precious asset. Last year the people of our nation spent:

12.6 billion dollars for hospital care

but, they also spent

9.1 billion for personal care (beauty shops, barber shops, etc.)
9.7 billion for tobacco
33.6 billion for recreation and
15.6 billion for alcoholic beverages!

Last year it cost approximately thirteen million dollars to keep the Deaconess Hospital in operation. This coming year the cost will be approximately fifteen million dollars. In this respect the Deaconess is not unique, for a similar increase in expenses is anticipated by most major hospitals.

Why this apparent "outrageous" increase in our budget? The answer is simple . . . almost all of the increase is caused by the increase in salaries and fringe benefits . . . seventy-one percent of all hospital expenses goes into salaries. The salaries paid those who work in the health field should compare favorably with the salaries paid in industry. At the present time they do not. Until they do, medical care costs will continue to increase.

Instead of putting all the emphasis on hospital costs of $100 a day, equal emphasis should be made to

. . . . . the number of formerly fatal diseases that can now be cured.

. . . . . the numerous illnesses for-

(*Continued on page 3*)

"Television is such a natural, there is no limit to the possibilities that lie ahead"

(*Continued from Page* 1)

Television has been used for the teaching of cancer at the Deaconess for nearly three years. The videotape equipment, a portable system on a wheeled cart, carrying a camera, tape recorder, monitor and light, was included in the plan for the Cancer Training Unit which was funded in the spring of 1967 by a U.S. Public Health Service Grant with the goal of improving cancer education for our own medical staff, residents and fellows as well as for community physicians and nurses.

The videotape was originally intended for use at the Tumor Conference. Patients who can not be shown in person are "taped" in their rooms, the operating room, or in the doctor's office. In this way discussion of a patient's illness is supplemented by a short tape featuring the patient himself. Clinical problems which can't wait for the conference can be saved for their teaching importance and for consultation.

"If Marshall McLuhan is right in emphasizing that learning is as dependent on the medium as on the message, doctors who are concerned with medical education should not be restricted to traditional teaching methods, but should make use of techniques which improve our ability to communicate. Television and videotape are particularly appropriate for medicine, since clinical practice is so dependent on visual images and sounds," Dr. W. Bradford Patterson, Department of Surgery, has emphasized.

Ideally, the physical presence of a patient with a medical problem is the best teacher. However, when the patient can't be moved, or his illness requires immediate attention; it is often impossible to gather together a group of doctors on the spot for instructional purposes. The next best thing is a tape of the patient presented to the doctors at their convenience. In this way the tumor or case has been preserved and can be reshown at any time.

"Doctors are primarily interested in patients, and the best way to maintain a doctor's interest is to show him a patient. Then we can say, 'What are we going to do about this particular patient's condition,' " Dr. Patterson explained.

How does the patient feel about "starring" in a film? "If the patient knows that the preservation of his case may help others with similar problems, they are usually all for it," he answered. "It actually helps the patient's morale to know that lots of doctors are concerned about him," he added.

When the videotape equipment arrived at the Deaconess it was fitted to a specially designed hospital cart. The entire unit is portable; it can be set up in minutes, and stored in about the same space used by a desk.

Dr. Patterson, Dr. Blake Cady, Department of Surgery, and Dr. Laurence Cloud, Department of Medicine, operated the videotape equipment themselves when the unit arrived. However, it was too time consuming and difficult for them to maneuver and interview a patient at the same time. To facilitate things, Miss Pat Hitchens was hired to do the taping. She was sent to Ampex Video Institute in Chicago for a one-week introductory production workshop where she was instructed in how the camera works and the fundamentals of lighting, editing, and scripting.

Miss Hitchens has since then made over 35 tapes for medical education purposes. The one to three minute tapes are being compiled into a library so that eventually a doctor may refer to the library for a tape demonstrating a lecture he is presenting.

The patients are reassured that the tape will be seen only by doctors for teaching purposes and discussion by other doctors. Usually patients faces are not shown on the tape. "The patients are hams," Miss Hitchens laughed, "and they usually enjoy the taping. They question me unrelentingly about the television, and never fail to comment on how they look on tape." Once the tape has been made, it can be replayed instantly and viewed on a monitor attached to the recorder. To conserve tape, useless sequences can be erased and re-recorded.

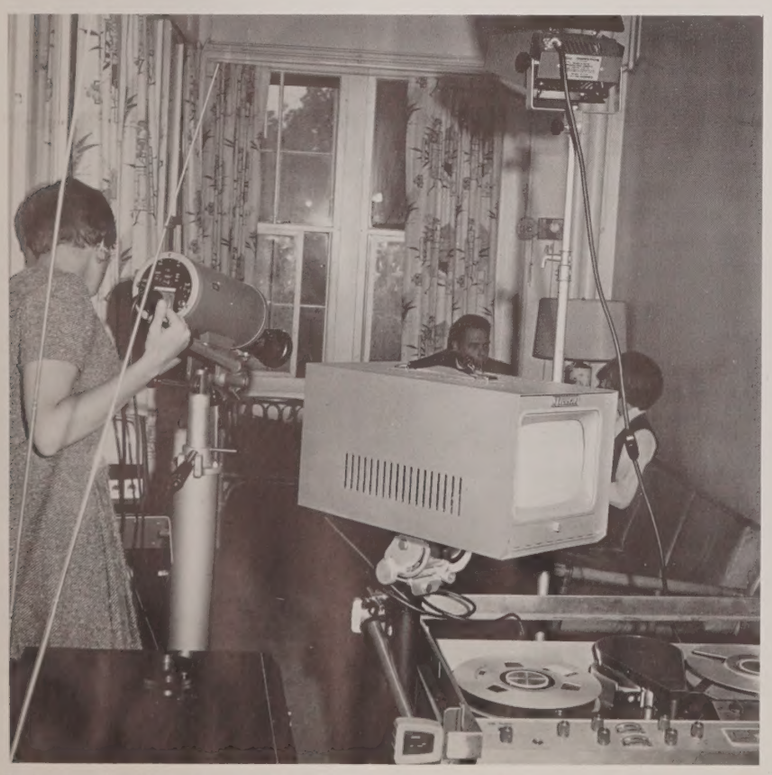
"Television is such a natural, there is no limit to the possibilities that lay ahead," Dr. Frank A. Howard, Department of Medicine, predicted. As chairman of a Committee on Television Communications, Dr. Howard is examining the use of television in other medical institutions and determining the possibility for expansion of our current activities at the Deaconess.

In addition to Tumor Conferences, television has been used by surgical and medical residents to "see themselves as others see them." For example, a resident can watch a herniorrhaphy replay and see inefficiencies so that he improves markedly on the next try. One medical student remarked as he saw a replay of himself taking a history, "I laughed too much, I talked too much, I didn't watch the patient enough, I didn't listen enough."

Patients on Central 3 may now view a videotape on their bedside sets. Very shortly any patient throughout the complex may turn on his television set at 10 a.m. and see an instructional tape on diabetic foot care or colostomy irrigation.

Remote consultation is not far away. If the doctors at a hospital in New Hampshire wish to discuss a patient with Deaconess doctors, the session is taped at the hospital and received live in a consultation room at the Deaconess. Massachusetts General Hospital has already set up a telediagnosis system which links the Logan Airport Medical Station to the MGH, giving the nurse at the station an instant backup of hospital physicians for serious cases she is unable to handle herself.

The future of television in medical institutions is an untapped resource. Picture a medical center with a large television studio equipped with a full-time medical director, several cameras that can pick up entire conferences, and several technicians originating a tape such as the diabetic foot. The tape might then be picked up by a central medical studio and transmitted to other hospitals around the world. Sound fantastic? Medical television today is in its infancy, but tomorrow it may be as universal as the television in your living room.



Dr. Laurence Cloud interviews a patient while Pat Hitchens tapes the session for Tumor Conference.

Dr. Warren Receives Honorary Degree

Dr. Shields Warren (left), receives an honorary Doctor of Medical Science degree from Dr. Merton P. Stoltz, Acting President of Brown University.

Your pioneer contributions to knowledge about the effects of radiation and about the nature of cancer have brought you international recognition and honor. As a result, your counsel is widely sought by public and private agencies and your voice is heard before important national and international commissions. Throughout this full life, you have found time to pursue your interests in teaching and research and indulge a family tradition of service to Boston University as chairman of the Corporation and of the Board of Trustees.

Dr Shields Warren, Harvard professor emeritus of Pathology and Former Scientific Director of the Cancer Research Institute at the Deaconess Hospital was honored by the above citation when he received an honorary Doctor of Medical Science degree from Brown University. Dr. Warren was one of six prominent figures in medical and science research to have an honorary degree conferred on him by Dr. Merton P. Stoltz, acting president of Brown. The occasion was the dedication of Brown University's new bio-medical building on Saturday, October 4.

Dr. Warren was also a participant in a symposium on October 3 discussing various aspects of cancer. This symposium marked the beginning of the dedication ceremonies where Dr. Warren received the honorary degree.

PROFILE: Miss Ellen D. Howland

The caption under a magazine cartoon reads, *She likes classical music, art museums, and she reads a lot, but nobody's perfect.*

"Sounds just like me," Miss Ellen D. Howland, Assistant Director, and Director of Nursing commented.

Modest about her achievements, Miss Howland will tell you about her grandfather's adventuresome past as captain of a whaling vessel and how he received a medal from the Liverpool Humane Society for rescuing some British sailors from the merchant ship, "The British Monarch"; or she will tell you about her uncle, an authority on whaling, who has lectured and written about the perilous profession.

What she hestitates to tell you about are the tremendous responsibilities that go along with directing a top-notch nursing school that has graduated over 2,200 nurses, and keeping up with the demands of a Nursing Service that staffs an internationally known hospital complex.

Heading a nursing school and recruiting nurses at a time when there is a critical shortage of nurses is no easy task. "There are too many Boston hospitals for the number of nurses available. When the benefits and salaries even off we have to depend on the reputation of the Deaconess as a patient care hospital to draw nurses.

"We need nurses at the Deaconess whose scientific knowledge, special talents and interests are equal to taking care of critically ill patients who come to us. But most of all we want nurses whose kindness and personal concern convey that they care about these patients as people even more," she concluded.

Miss Howland's first contact with the Deaconess was when she entered the Nursing School as a student. Upon graduation in 1942, she joined the nursing staff and soon was appointed head nurse on Deaconess II. After two years at this post she was promoted to supervisor, a position in which she served for 15 months.

She always harbored a desire to teach, and this ambition became a reality when she was appointed assistant nursing arts instructor. Two years later she became acting assistant superintendent of Nursing Service, a post she held for a year before returning to the School of Nursing as a nursing arts instructor for two years. An appointment to the position as Assistant Director of the School of Nursing followed, and this was where she remained for five years until appointed Director of Nursing.

In 1967 Miss Howland was appointed Assistant Director of the Hospital, thus broadening her area of responsibility and giving recognition to a department encompassing over 500 employees and students in the Nursing Service and the School.

While on the nursing staff at the Deaconess she received a Bachelor of Science degree in Nursing Education from the Boston University School of Nursing in 1949. She was awarded a Master of Science degree in 1955.

Her years at the Deaconess total 27, and with each year she has witnessed new trends in nursing. "The school has developed along educational lines, and now focuses on the nursing student as a learner with all phases of her program planned under the direction of the faculty. The Nursing Service has become an entity in itself," she explained, "with the responsibility for setting standards and evaluating quality care."

"We intend to do all we can to continue our high standards in both the School and Nursing Service and to grow with the hospital; much of the responsibility for the implementation of all our plans and programs falls to my two associates, Miss Joan Randle, in the School and Miss Lois Preston in Nursing Service. Together with their staffs, we give every indication of being able to meet these objectives."

Miss Howland recalled how nursing used to be thought of as a "task-oriented" profession. The picture has changed in recent years. The nursing student now receives broader exposure to the sociological and psychological problems involved in patient care, and an orientation to her responsibilities of team membership and eventual team leadership.

In order to allow the nurse more time with the patient, the trend in recent years has been to relieve her of the administrative and managerial tasks with which she has been burdened for so long. "Nursing is a unique clinical service to people; it isn't doing clerical, housekeeping, and dietary related work, important though they may be," Miss Howland pointed out. The Service Coordination department at the Deaconess is working unstintedly to free the nurse to work with the patient, and the Dietary Department has assumed considerable amounts of service formerly the responsibility of nursing.

The nurse has become more mobile and fewer live nearby or on the hospital premises. Due to standardization of salaries she can now work in suburban hospital and expect the same benefits and salary that a city hospital offers.

Miss Howland is presently involved in the reorganization of staff nurse rotations. To equalize the distribution of unpopular hours cyclic rotations are in the planning stages. Hopefully the results of this planning will allow the nursing personnel every weekend off. Of constant concern is the need to better utilize nurses from different educational backgrounds to give them the opportunity to utilize the specific skills and abilities for which they were prepared. The Nursing Service department plans to re-evaluate the job description of the staff nurse and to develop new ones reorganizing and more clearly identifying roles of each group. "The continuing development of the nurse clinician or clinical specialist will be an interesting one to watch; the emphasis in these positions is on nursing practice with expertness in a given clinical area and the freedom to move about the hospital where needed without a definite unit assignment."

Miss Howland's interest in nursing and education is not confined to the limits of the Deaconess. She belongs to the National League for Nursing, the American Nurses Association and is active in both organizations on state and local levels and is a past president of the Massachusetts League for Nursing. She also holds membership in the American Red Cross Nursing Service, Boston University Alumnae Association, Guild of St. Barnabus for Nurses and the old Dartmouth Historical Society.

She is a member of Pi Lambda Theta, National Honor Society for Women in Education, Sigma Theta Tau, National Honorary Society of Nursing and the Women's Educational and Industrial Union and is currently a Director of the Alumnae Association of the New England Deaconess Hospital School of Nursing.

An avid reader of mystery stories, Miss Howland also enjoys knitting, needlepoint, color photography and opera. She dabbles in refinishing antiques (last summer she completed work on a hundred year old steeple clock), collects glass paper weights, salt cellars and music boxes. But all hobbies fall second to her study of history, historical places and historical things. This is probably an inherited interest, for her ancestral roots are deep in the founding of America and in the adventuresome whaling past of New Bedford, her birthplace.

ARCHITECT TO SPEAK

Mr. Robert DeVore, an architect with the Boston firm of Perry, Dean, and Stewart, will speak on the topic of "What It Takes To Plan a Hospital," at the Nov. 12 In-Service meeting in Joslin Auditorium from 2:00 to 3:30 p.m. Everyone is welcome to attend.

MEETING REMINDER

The Alumnae Association will hold its annual meeting Nov. 15 from 9 a.m. to 2 p.m. at the New England Deaconess Hospital. Tours, a luncheon, and a welcome by Mr. R. D. Lowry, the main speaker, are all on the agenda. Don't forget to send in the reply you received in the mail if you plan to attend.

NEW HOURS

Mrs. Irma Kellner, Director of Volunteers, has announced that the Thrift Shop will be open Monday, Tuesday, Wednesday, and Friday, from 10 a.m. to 3 p.m. New merchandise is continually coming in and employees are welcome to come in and browse.

HOSPITAL COSTS

(*Continued from page* 1)

merly requiring hospitalization that can now be cared for on an outpatient basis.

. . . . . the sharp reduction in the length of stay for almost all diseases

. . . . . the drastic reduction in the convalescent period

. . . . . the reduction of suffering

. . . . . the additional years of life that have been granted to us in recent years

Let's put the cost of hospital care in its proper perspective.

NEWSMAKERS

Mr. Fabio Alvarino has been appointed Assistant Supervisor of Central Sterile Service. He is a graduate of the Operating Room Technician Program at the Deaconess and has been on the staff of the Operating Room for several years.

Miss Linda Hanson is now the Assistant Supervisor in the Respiratory Therapy Department. She will be responsible for all the educational programs within the department. Before joining the staff at the Deaconess she was a clinical instructor at the Shadyside Hospital, School of Nursing in Pittsburgh, Pa., and an Operating Room staff nurse, head nurse, and clinical instructor at Ravenswood Hospital in Chicago, Ill.

Mrs. Sandra Kluess has joined the staff of the Recovery Room as Head Nurse. Mrs. Kluess has served as a Captain with the Army Nurse Corps for three and one half years, including a stint as head nurse of Recovery Room and Intensive Care Unit at the 8th Field Hospital in Nha Trang in Vietnam. Mrs. Madelyn Celander has accepted the responsibility of Acting Head Nurse in Surgery. She has been a staff nurse and Assistant Head Nurse in Surgery for several years. Both Mrs. Kluess and Mrs. Celander are assistants to Miss Mary G. MacRitchie, Supervisor of Surgery and Recovery Room.

Transcribing Added To Unit Coordinator Program

In addition to taking over many clerical and managerial tasks necessary for an efficiently run nursing unit, the Unit Coordinator Program has taken on a new dimension. A six week course has been set up to teach the Unit Coordinator how to transcribe doctors' orders from the order book to a kardex where the nurse may find the proper medical and treatment order for the patient. The Unit Coordinator follows through the steps required to fill an order prescribed by the doctor, such as initiating a requisition to the pharmacy, pathology, radiology, or inhalation therapy for medicine or equipment. Once on the job she is under the supervision of the head nurse who checks the orders that have been transcribed on the kardex.

The transcribing program has been in operation for one year. It began as the outcome of a special committee set up in the spring of 1968 by Miss Marjorie Pond, Coordinator of Nursing Practice, to examine transcribing. Miss Barbara Howell, Head Nurse, compiled and wrote a training manual, and trained Mrs. Donna Smiar, one of the original Unit Coordinators when the program began in 1966, and now Senior Unit Coordinator.

Mrs. Smiar has now become an instructor for the transcribing program which includes 160 hours of classroom and clinical instruction. The course is compulsory for all Unit Coordinators, and the passage of a final examination is a requirement. Basically the trainees learn where things go, who does what, and where to find things. But the course goes deeper — they also learn what the order does for the patient, what drugs shouldn't be used together, and the meaning of medical terms. The trainee undergoes 86 hours of clinical practice under the supervision of a qualified Unit Coordinator. Class instruction accounts for 76 hours where the trainees practice following up the doctors' orders.

Due to the close relationship between Nursing and Service Coordination, Miss Janet Murch, former head nurse on Palmer 4, has accepted the position of Nursing Consultant to the department. She will advise the department on technical medical problems. As the program grows and more Unit Coordinators are needed to transcribe Miss Murch will be called on to teach the incoming trainees. Her clerical experience will be of great value to the department as new teaching methods are developed and updated. She will have supervisory responsibility in the department.

Transcribing has become an important phase of the Unit Coordinator's responsibilities. She spends from 20 per cent to 70 per cent of the day transcribing. Due to the need of more Unit Coordinators, an evening transcriber has been added to the six day coordinators. From 3:30 p.m. to 7 p.m. she is utilized on one unit, then until 11:30 she acts as a floater in Baker and Palmer transcribing or handling admissions, discharges, and transfers.

The program has grown in leaps and bounds. Mrs. Smiar is currently teaching two trainees, and another class is about to begin. Additional evening transcribers and seven-day coverage attest to the popularity of the new program. How do nurses feel about their extra right hand? They are pleased with the work the girls are doing and glad to see the program growing.

Mrs. Donna Smiar (left), Senior Unit Coordinator, goes over the transcribing manual for trainees Mrs. Betty Manzano (center), and Miss Peggy Boyer.

Construction News

Weather and manpower permitting, the new upper floors (6-11) of the Central Building will be completed and ready for occupancy by late fall, 1970. Six additional months will be needed to complete renovations to the existing five floors in Central.

If anyone has wondered what the vertical brick band is between the top of the existing Central Building and the new addition, those in the construction field refer to it as a "soldier's course." Bricks are made today in oil fired kilns which produce bricks of a smaller size than the wood fired bricks used in the original Central construction. The vertical layer was used to adjust the joint between old and new. Completion of the exterior brickwork of the addition is scheduled for mid-November. At that time the windows will be installed.

Central will be serviced by two new elevators after November 15, and the existing elevators will be shut down. In order to reach the floors of the addition, the original elevator shafts must be extended through the floors and roof of the penthouse. As the demolition of the penthouse continues, the exhaust system for the main kitchen must be reconstructed to extend to the top of the new addition.

The electricians, plumbers, and mechanical tradesmen continue the work of providing support utilities that will handle the 40-bed nursing units. The hot and cold water lines and the drainage lines are being installed by the plumbers; electricians are preparing to energize the new power system; and mechanical tradesmen are fabricating duct work for the air systems.

A special word of thanks goes to the surgery, laboratory, and cardiopulmonary personnel who had to move off the fifth floor of Central for six weeks to permit construction work in the ceiling areas of the fifth floor.

DR. NICHOLS

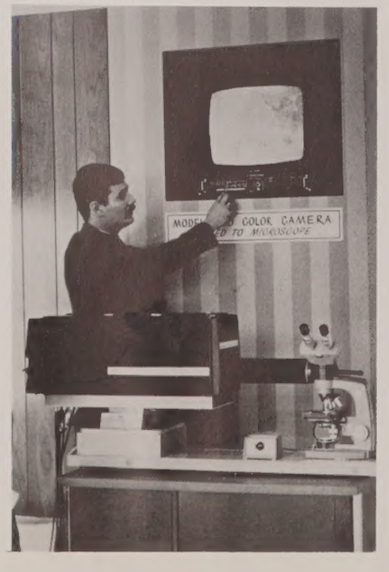
(*Continued from page* 1)

to the Faculty of Medicine, Assistant Dean for Curricular Affairs, and Assistant Professor in the Department of Medicine. He served as Associate Dean for Academic Affairs from 1962-1965, and from 1963-1965 he was an Associate Clinical Professor of Medicine before becoming a Clinical Professor of Medicine in 1965.

Since his residency Dr. Nichols has been associated with Peter Bent Brigham Hospital until he became Director of the Department of Medicine at Cambridge City Hospital from 1965-1968. After serving as Consultant to the Harvard Medical Service at Boston City Hospital from 1965-1968, he became a Visiting Physician on the Service at Boston City in 1969.

As author of over 100 articles and active member of many Administrative Committees, Dr. Nichols has been a constant contributor to the medical community.

TELEVISION And Medical Education. See story and picture on pages one and two.



New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

pulse

The New England Deaconess Hospital Complex, including the Medical Office Building at One Ten Francis Street, Lahey and Overholt Thoracic Clinics, the Joslin Diabetes Foundation, Inc., the Cancer Research Institute and the Shields Warren Radiation Laboratory, is internationally known for diagnosis, treatment and research in general medicine, brain and chest surgery, cancer and diabetes.

PULSE is published monthly by the Public Relations Department of the New England Deaconess Hospital.

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